

SECTION 16

SECOND SURGICAL OPINION

The intent of the Second Surgical Opinion Program is to provide an eligible MO HealthNet patient with a second opinion as to the medical necessity of certain elective surgical operations. When the second opinion has been obtained, regardless of whether or not it confirms the primary recommendation for surgery, the final decision to undergo or forego elective surgery remains with the MO HealthNet patient. A list of the outpatient surgical procedure codes requiring a second surgical opinion appears later in this section.

If a surgical procedure requiring a second opinion is performed in the hospital, either inpatient or outpatient, the physician performing the surgery is responsible for filing the second opinion form either on paper or electronically unless the surgery meets the following exceptions to the second surgical opinion policy. Hospital claims are subject to the second surgical opinion policy.

Hospitals must report inpatient surgeries on the UB-04 claim form using the ICD-9-CM surgical procedure codes. These codes are exempt from second surgical opinion editing and the hospital claim will process. However, the hospital remains subject to post payment review for the surgery and must assure that the physician performing the surgery has submitted an approved *Second Surgical Opinion* form and must keep a copy of the form in the patient's permanent file.

For outpatient surgeries, hospitals should report the surgery on the UB-04 claim form using the appropriate CPT procedure code(s). The procedure codes listed in this section require the proper completion and submission of a *Second Surgical Opinion* form. If there isn't an approved *Second Surgical Opinion* form on file, the claim for the outpatient surgery will deny. The hospital is subject to post payment review for the surgery and must assure that the physician performing the surgery has submitted an approved *Second Surgical Opinion* form.

EXCEPTIONS TO SECOND OPINION REQUIREMENT

- Medicare/MO HealthNet crossover claims are exempt.
- Inpatient services are exempt from the second opinion requirement if the patient has Medicare Part B but not Part A. Enter "Medicare Part B only" in "Remarks" field of claim (field 80) on the UB-04.
- The *Second Surgical Opinion* form is not required if the surgeon does not participate in the MO HealthNet Physician Program. The provider must submit a claim along with a *Certificate of Medical Necessity* form and indicate on the *Certificate of Medical Necessity* form the surgeon's full name and indicate "non-participating."

- If the service was performed as an emergency and a second opinion cannot be obtained prior to rendering the service, submit a paper claim along with a completed *Certificate of Medical Necessity* form indicating in detail the reason for the emergency provision of service. Emergency services are services required when there is a sudden or unforeseen situation or occurrence or a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:
 1. Placing the patient's health in serious jeopardy; or
 2. Serious impairment to bodily function; or,
 3. Serious dysfunction of any bodily organ or part.

Emergency requests suspend and are reviewed by a medical consultant. If the *Certificate of Medical Necessity* form is not attached, or the reason does not substantiate the provision of the service on an emergency basis, the claim is denied.

- The participant was not eligible for MO HealthNet at the time of service, but was made retroactive to that time. If the provider is unable to obtain an eligibility approval letter from the participant, the claim may be submitted with a completed *Certificate of Medical Necessity* form indicating the participant was not eligible at the time of service, but has become eligible retroactive to that date. If the eligibility approval letter or the *Certificate of Medical Necessity* form is not submitted, the claim is denied. See Section 7 of the MO HealthNet *Provider Manual* for instructions for completing the *Certificate of Medical Necessity* form.

The following CPT codes require the submission of a Second Surgical Opinion form.

66840 - removal of lens material aspiration technique, one or more stages
66850 - removal of lens material phacofragmentation technique
66852 - removal of lens material; pars plana approach, with or without virectomy
66920 - removal of lens material; intracapsular
66983 - Intracapsular cataract extraction with insertion of intraocular lens prosthesis – one stage procedure
66984 - Extracapsular cataract removal with insert – intraocular lens prosthesis – one stage procedure, manual or mechanical technique